OMB No. 0651-0011 (12/31/86)

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F rm PTO-FB-A410 (8-83)

Declaration and Power of Attorney For Patent Application English Languag D claration

As a below named inventor, I hereby declare that: SAMUEL ROSE, M.D. My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled A METHOD AND COMPOSITION FOR TREATING CANCER BY CONVERTING SOLUBLE RADIOACTIVE TOXIC AGENTS INTO INSOLUBLE RADIOACTIVE TOXIC PRECIPITATES the specification of which VIA THE ACTION OF NON-MAMMALIAN ENZYMES BOUND TO THE (check one) is attached hereto. Application Serial No. and was amended on _____ (if applicable) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: **Priority Claimed** Prior Foreign Application(s) (Day/Month/Year Filed) (Country) (Number) (Day/Month/Year Filed) (Country) (Number)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose mat rial information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Day/Month/Year Filed)

(Country)

(Number)

statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number) JOHN Q. McQUILLAN REG. NO. 19,805	(Application S rial No.)	(Filing Dat)	(Status) (pat nted, pending, abandoned)
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/oragent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number) JOHN Q. McQUILLAN REG. NO. 19,805. Send Correspondence to: JOHN Q. McQUILLAN, ESO. 261 MADISON AVENUE, 12th FLOOR NEW YORK, NY 10016-2391 Direct Telephone Calls to: (name and telephone number) JOHN 9,99-2245 Full name of sole or first inventor SAMUEL ROSE, M.D. Inventor's signatural Post Office Address 5562 MARSHALL STREET, OAKLAND, CALIFORNIA 94608 Full name of second joint inventor, if any Second Inventor's signature Date Full name of second joint inventor, if any Second Inventor's signature Date Residence Citizenship	(Application Serial No.)	(Filing Date)	
REG. NO. 19,805. Send Correspondence to: JOHN Q. MCQUILLAN, ESO. Z61 MADISON AVENUE, 12th FLOOR NEW YORK, NY 10016-2391 Direct Telephone Calls to: (name and telephone number) JOHN Q. MCQUILLAN Full name of sole or first inventor SAMUEL ROSE, M.D. Inventor's signatura Me., J2 31-96 Residence 5562 MARSHALL STREET, OAKLAND, CALIFORNIA 94608 Full name of second joint inventor, if any Second Inventor's signature Date Full name of second joint inventor, if any Second Inventor's signature Date Citizenship Citizenship	statements made on information were made with the knowledge by fine or imprisonment, or both	n and belief are believed to be t e that willful false statements : h, under Section 1001 of Title :	true; and further that these statements and the like so made are punishable 18 of the United States Code and that
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Citizenship AUSTRALIAN Post Office Address 5562 MARSHALL STREET, OAKLAND, CALIFORNIA 94698 Full name of second joint inventor, if any Second Inventor's signature Date Residence Citizenship		T. OAKLAND, CALTFORNI	A 94608 (A
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Second Inventor's signature Residence Citizenship	5562 MARSHALL STREE	T, OAKLAND, CALIFORN	LA 94608
Residence Citizenship	Full name of second joint inventor, if an	у	
Citizenship	Second Inventor's signature		Date
	Residence		
Post Office Address	Citizenship		
	Post Office Address		

(Supply similar information and signature for third and subsequent joint inventors.)